

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee EAN Services LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2020	
Mailing Address PO Box 402383		Amount 2500.00	
City Atlanta	State GA	Zip Code 30384	Transaction ID : SE.22121
Purpose of Expenditure Travel (estimate)	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2020	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 4166558.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EAN Services LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2020	
Mailing Address PO Box 402383		Amount 2500.00	
City Atlanta	State GA	Zip Code 30384	Transaction ID : SE.22122
Purpose of Expenditure Travel (estimate)	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2020	
Name of Federal Candidate BIDEN, JOSEPH R JR., ,		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 4169058.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 16 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	2	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Hertz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2020	
Mailing Address 1534 Sunset Blvd		Amount 1000.00	
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.22119
Purpose of Expenditure Travel (estimate)	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2020	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4163058.43		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Hertz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2020	
Mailing Address 1534 Sunset Blvd		Amount 1000.00	
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.22120
Purpose of Expenditure Travel (estimate)	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2020	
Name of Federal Candidate BIDEN, JOSEPH R JR., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4164058.43		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM	DD	YYYY
10	16	2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Lukens Company		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020	
Mailing Address 2800 Shirlington Rd		Amount 208055.49	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.22117
Purpose of Expenditure Printing / Production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2020	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Lukens Company		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020	
Mailing Address 2800 Shirlington Rd		Amount 208055.48	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.22118
Purpose of Expenditure Printing / Production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2020	
Name of Federal Candidate BIDEN, JOSEPH R JR., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	416110.97
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	423110.97

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 16 / 2020

Signature